

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042648

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 6119

STATE FILE NUMBER

FILED DEC 14 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b

20 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

700 WEST 48TH STREET

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

## 4. DATE OF DEATH

Month

Day

Year

EMMA

GROBER

DECEMBER

4

1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/5/07

## 9. AGE (last birthday)

54

## 10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PARTS DEPARTMENT

## 10b. KIND OF BUSINESS OR INDUSTRY

DONNELLY GARMENT COMPANY

## 11. BIRTHPLACE (City and state or country)

COFFEYVILLE, KAS.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

OTTO GROBER

## 13b. MOTHER'S MAIDEN NAME

FLORA BRODAGEN

## 14. NAME OF HUSBAND OR WIFE

Address

EDWARD G. O'DOWD

700 WEST 48TH ST. KANSAS CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Pulmonary Embolus

## INTERVAL BETWEEN ONSET AND DEATH

3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

Pulmonary Cardiac disease

years

### DUE TO (c)

Thoracic Surgery for T.B. years ago

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arteriosclerosis of remaining lung

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Nov 3 1962

to Dec 4 '62

and last saw her alive on Dec 3 - 62

## Death occurred at

5:53

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Hester J. Wilson MD

## 22b. ADDRESS

411 Nichols Rd KCMo

## 22c. DATE SIGNED

12/4/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

DEC. 5. 1962

## 23c. NAME OF CEMETERY OR CREMATOR

ELMWOOD CEMETERY

## 23d. LOCATION (City, town, or county)

COFFEYVILLE

## (State)

KANSAS

## 24. FUNERAL DIRECTOR

Address

1331 BRUSH CR.

## 25. DATE RECD. BY LOCAL REG.

12-4-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Hester J. Wilson MEDICAL CERTIFICATION

DATE AMENDED

VS 300

Rev. 4/59

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Dr. Walter J. Nelson  
233 Olay & Lindell Bldg, 411 West 100th  
1:00 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herold E. Ehlernacht

Licensed Embalmer No. 3035

P. O. Address St. C. Ehlernacht

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.